Revision:	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 1 T Page 8 OMB No.: 0938	O ATTACHMENT 2.6-A
	STATE PLAN	UNDER TITLE XIX OF	THE SOCIAL SECURIT	Y ACT
	State: SOUTH	CAROLINA		
D. MEDI	CALLY NEEDY	INCOME LEVELS (C	Continued)	
	Applicable to all	groups	those specifie group income l	all groups except d below. Excepted evels are also ttached page 3.
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas formonths	Amount by which Column (4) exceeds limits specified in 42 CFR
	· ·	433.100/5		435.1007 ¹ /
	ın & rural	•		
$\frac{1}{2}$ \$		\$ \$	\$	<u>Ş</u>
3 \$		\$	\$	\$ \$
4 \$		\$	\$	\$
For each addi-				
tional				
person,				
add: \$	_	\$	\$	\$
^y The a payments these li	made on behalf o	s for excluding fro	om its claim for FF e income exceeds	TP
TN No. MA 92		e de la companya de		
Supersedes TN No. MA 92	Approval I)ate	Effective Date	10/01/92
111 HO. FIR. 32			иопа	TD 70055

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A August 1991 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT SOUTH CAROLINA State: INCOME LEVELS (Continued) D. MEDICALLY NEEDY (3) $\overline{(1)}$ (4) (5) Family Net income level Amount by which Amount by which Column (4) exceeds limits Net income level protected for Column (2) Size for persons maintenance for exceeds limits living in ____months specified in rural areas for specified in 42 CFR months 42 CFR ∠ urban only 435.1007¹/ 435.1007¹ urban & rural For each additional person, The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits. TN No. MA 92-023 FEB 1 1993 Supersedes

Approval Date

TN No. MA 92-07

HCFA ID:

7985E

Effective Date __10/01/92

Revision: HCFA-Region IV August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE	PT.AN	IINDER	TITLE	XIX	OF	THE	SOCTAL	SECURITY	ACT
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State: South Carolina

INCOME LEVELS (Continued)

Optional Groups Other Than the Medically Needy Ε.

1. Institutionalized Individuals Under Special Income Levels as follows:

300 percent of the Supplemental Security Income maximum benefit rate.

TN No. MA 93-006 Supersedes TN No. MA 92-07 Approval Date Effective Date _____1/01/93

HCFA ID:

7985E

SUPPLEMENT 1a TO ATTACHMENT 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: South Carolina
Income Eligibility Levels - Institutionalized Individuals
Individual - 3 times the SSI FBR*
*Medicaid Cap for an individual in an institution does not exceed 300 percent of the Supplemental Security Income Federal Benefit Rate for an individual.
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TIV No. AND OR ORG
TN No. MA 00-007 Supersedes Approval Date MAY 0 1 2009 Effective Date 1/01/00

TN No. MA 91-02